

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT

580 COTTAGE GROVE ROAD, SUITE 100

BLOOMFIELD, CT 06002

(860) 561-7900 PHONE

(860) 561-7918 FAX

Plan Review Fees

Class 1 \$125

Class 2 \$275

Class 3 \$385

Class 4 \$385

_____ **NEW**

_____ **REMODEL**

_____ **CONVERSION**

Name of Establishment:

Establishment's Address:

Phone (if available):

Name of Owner or Owner's Representative:

Mailing Address:

Telephone:

Applicant's Name and Relationship to Owner (self, manager, architect, kitchen designer, etc.):

Mailing Address: _____

Telephone:

Please note the dates that plans have been submitted to the following agencies:

Building Department _____

Fire Marshal _____

Zoning Department _____

Hours Operation:						
Sun _____	Mon _____	Tue _____	Wed _____	Thu _____	Fri _____	Sat _____
Number of Seats: _____						
Number of Staff: _____ (Maximum per shift)						
Total Square Feet of Facility: _____						
Projected Number of Meals to be Served: (approximate number)		Breakfast _____		Lunch _____		Dinner _____
Projected Date for Start of Construction: _____						
Projected Date for Completion of Project: _____						

Type of Service:	(check all that apply)
Hot Foods Only	
Cold Foods Only	
Hot & Cold Foods	
Commercially Pre-packaged Foods	
Sit Down Meals	
Take Out	
Off-Site Catering	
Mobile Food Unit	
Push Cart	
Customer Self-Service	
Other (describe)	
Single Service Utensils Only	
Multi-Use Utensil Service Only	
Both Multi-Use and Single Service Utensils	

The following documents <u>must</u> be enclosed for review:	
Proposed menu items or complete listing of food and beverages to be served	
Plan of facility drawn to scale (minimum ¼” = 1’) showing location of equipment, counters, plumbing, mechanical, ventilation, and the location of all electrical panels	
Manufacturer specification sheets for each piece of equipment shown on plans	
Site plan showing location of business: including location of building on site, driveways, streets, and any structure outside the main building (dumpster, walk-ins, storage sheds, etc.)	
Other items required for review and construction	
	Completed finish schedules for each room including floors, walls, ceilings, coved juncture bases, counters, tables, etc. must be submitted.
	Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation must be represented on the plan. Dressing rooms, locker area, employees’ belonging storage areas, and/or coat racks must be identified.
	To permit thorough cleaning, all items stored in rooms where food or single-service items are stored shall be at least 12 inches above the floor when placed on stationary storage units or 6 inches above the floor when placed on lockable casters.
	The location of the floor drains, floor sinks, water supply lines, overhead waste water lines, hot water lines, hot water generating equipment (with capacity and recovery rate), backflow prevention, and waste water line connections must be identified.
	The use of all sinks must be identified on the plans (i.e. handwash sinks, food preparation sinks, utensil washing sinks).
	The source of the water supply and the method of sewage disposal must be identified.
	A mop sink or mop basin with facilities for hanging wet mops and storage of mop buckets must be identified. The areas for storing toxic chemicals must be identified.
	Grease traps and/or grease interceptor locations and capacities must be submitted. Grease storage containers and storage locations must be identified.
	<p>Lighting must meet Code standards:</p> <ul style="list-style-type: none"> A. Food contact surfaces = 50 foot candles (540 lux) B. Utensil washing area = 50 foot candles (540 lux) C. All other area = 10 foot candles (110 lux) <p>Note: Lighting in utensil washing areas and on food contact surfaces shall be measured at 30 inches above the floor and/or at the work levels</p> <p>Note: Light bulbs in food preparation, storage, and display areas where the food items are open or exposed must be shatter-proof or shielded to preclude the possibility of broken bulbs or lamps falling into food.</p>

FOOD PREPARATION REVIEW

Check **ALL** categories of Potentially Hazardous Food (PHF) that will be handled, prepared, or served.

CATEGORY	YES	NO
Thin meats, poultry, fish, eggs (hamburgers, chicken breasts, sandwich meats, fish filet, etc...)		
Thick meats, whole poultry (whole roasts, pork, turkey, chicken; meatloaf, etc...)		
Hot processed foods (soups, stews, chowders, meatballs, casseroles, etc...)		
Bakery goods (pies, custards, creams, etc...)		
Other (describe): _____ _____ _____		

FOOD SUPPLIES

	All food must be from inspected and approved sources.
	Identify the food supplier(s) and the frequency of deliveries: _____ _____ _____ _____

COLD STORAGE

	Adequate and approved freezer and refrigeration space must be available to store frozen foods at 0°F and below, and refrigerated foods at 45°F and below.
	Provide the method used to calculate cold storage requirements: _____ _____ _____
	Provide total square footage of space dedicated to walk-in cold storage. _____ Provide total square footage of space dedicated to reach-in cold storage. _____

	Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked/ready-to-eat foods?	YES	NO
	If yes, how will cross-contamination be prevented? _____ _____		
	Each refrigerator must have a thermometer.		
	Number of refrigeration units: _____ Number of freezer units: _____		
THAWING			
Please indicate by checking the appropriate box(es) how potentially hazardous foods (PHF) in each category will be thawed. More than one method may apply.			
THAWING PROCESS	THICK MEATS	THIN MEATS	FISH SEAFOOD
POULTRY PRODUCTS	COLD FOODS	BAKED GOODS	
In a Refrigerator			
Submerged in Running Water Less than 70°F			
Cooked from a Frozen State			
Microwaved as part of the cooking process			
Other (describe): _____ _____			
COOKING PROCESS:			
	Food temperature measuring devices shall be provided and be readily accessible for use in assuring attainment and maintenance of safe food temperatures. Temperature measuring devices must be accurate to $\pm 2^{\circ}\text{F}$.		

	Identify which type and how many food product thermometers (0°F – 212°F) will be available and be used to measure final cooking/reheating temperatures of PHF? _____ _____ _____
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Minimum cooking time and temperature of product utilizing convection and conduction heating equipment:

FOOD PRODUCT	MINIMUM COOKING TIMES AND TEMPERATURES	FOOD PRODUCT	MINIMUM COOKING TIMES AND TEMPERATURES
Beef roast	130°F (121 min)	Comminuted meats	155°F (15 sec)
Seafood	145°F (15 sec)	Poultry	165°F (15 sec)
Pork	145°F (15 sec)	Stuffed PHF	165°F (15 sec)
Eggs	145°F (15 sec)	Other PHF	145°F (15 sec)

List each piece of cooking equipment:

HOT HOLDING

How and where will hot PHF (potentially hazardous foods) be maintained at 140°F or above during holding for service? Indicate type and number of hot holding units. _____

COOLING

Please indicate by checking the appropriate box(es) how PHF (potentially hazardous foods) will be cooled from 140°F to 70°F in 2 hours and from 70°F to 45°F in an additional 4 hours.

COOLING PROCESS	THICK MEATS	THIN MEATS	FISH SEAFOOD	POULTRY PRODUCTS	HOT FOODS	BAKED GOODS
Shallow Pans in the Refrigerators						
Ice Baths						
Stirring with Iced Chill Sticks						
Mechanical Rapid Chill Equipment						
Other (Describe) _____ _____ _____ _____						
FOOD PREPARATION						
	Please list all food items prepared more than 12 hours in advance of service. _____ _____ _____					
	How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? Please describe the procedure: _____ _____ _____ _____					
	How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixing or assembly? _____ _____ _____ _____					

The following questions deal with the food preparation procedures for your facility. Food preparation procedures are needed to obtain information about how the food will be prepared and to help determine if adequate facilities are available for the safe preparation of food. Food preparation procedures should consider the types of foods prepared, times of day when the food is prepared, and which equipment, surfaces, and utensils are used for food preparation in the facility.

PRODUCE			
	Will produce be washed or rinsed prior to use?	YES	NO
	Is there a designated location that will be used for washing or rinsing produce?	YES	NO
	Will this area be used for other operations (i.e. utensil washing)?	YES	NO
	Please indicate the location of the produce WASHING area(s) and describe the procedures that will be used to wash the produce. Include the time of day this area will be used and the frequency for washing or rinsing the produce at this location: _____ _____ _____		
	Please describe the produce PREPARATION procedures (cutting, chopping, slicing, etc.) and indicate the location of the equipment to support these operations. The preparation procedures should include the menu items in which the produce will be used and the time of day and frequency of preparation for the produce at this location: _____ _____ _____		
SEAFOOD			
	Will raw seafood be washed or rinsed prior to use?	YES	NO
	Is there a designated location that will be used for washing, rinsing, or thawing raw seafood?	YES	NO
	Will this area be used for other operations (i.e. utensil or produce washing)?	YES	NO

	<p>Please indicate the location of the raw seafood WASHING area(s) and describe the procedures that will be used to wash the seafood. Include the time of day this area will be used and the frequency for washing or rinsing the seafood at this location:</p> <hr/> <hr/> <hr/> <hr/>		
	<p>Please describe the raw and cooked seafood PREPARATION procedures (cutting, chopping, slicing, etc.) and indicate the location of equipment to support these operations. The preparation procedures should include the menu items in which the seafood will be used and the time of day and frequency of preparation for the seafood at this location:</p> <hr/> <hr/> <hr/> <hr/>		
POULTRY			
	Will raw poultry be washed or rinsed prior to use?	YES	NO
	Is there an approved location used for washing, rinsing, or thawing poultry?	YES	NO
	Will this area be used for other operations (i.e. utensil or produce washing)?	YES	NO
	<p>Please indicate the location of the raw poultry WASHING area(s) and describe the procedures that will be used to wash the poultry. Include time of day this area will be used and frequency for washing or rinsing the poultry at this location:</p> <hr/> <hr/> <hr/> <hr/>		

	<p>Please describe the raw and cooked poultry PREPARATION procedures (cutting, chopping, slicing, etc.) and indicate the location of equipment to support these operations. The preparation procedures should include the menu items in which the poultry will be used and the time of day and frequency of preparation for the poultry at this location:</p> <hr/> <hr/> <hr/> <hr/> <hr/>		
PORK & RED MEATS			
	Will raw pork and raw red meats be washed or rinsed prior to use?	YES	NO
	Is there a designated location that will be used for washing, rinsing, or thawing raw pork and raw red meats?	YES	NO
	Will this area be used for other operations (i.e. utensil or produce washing)?	YES	NO
	<p>Please indicate the location of the raw pork and red meats WASHING areas and describe the procedures that will be used to wash the pork and red meats. Include the time of day this area will be used and the frequency for washing or rinsing the pork and red meats at this location:</p> <hr/> <hr/> <hr/> <hr/>		
	<p>Please describe the raw and cooked pork and red meats PREPARATION procedures (cutting, shopping, slicing, etc.) and indicate the location of equipment to support these operations. The preparation procedures should include the menu items in which the pork and red meats will be used and the time of day and frequency of preparation for the pork and red meats at this location:</p> <hr/> <hr/> <hr/> <hr/> <hr/>		

DRY GOODS STORAGE/STORAGE OF SINGLE SERVICE ITEMS (Paper cups, plates, straws, etc.)			
	Is appropriate dry good storage space provided for based upon the menu, meals offered, frequency of deliveries, and items being stored?	YES	NO
	Provide information on the frequency of deliveries and the expected gross volume that will be delivered for each item. _____ _____ _____		
	Provide total square footage of space dedicated to dry storage _____ sq. ft.		
	Where will single-service items be stored in the service location(s)? _____ _____ _____		
	Will approved food storage containers be used to store bulk food products? Describe. _____ _____ _____	YES	NO
PERSONNEL			
	Will disposable gloves and/or utensils and/or food grade paper be used to minimize direct hand contact of ready-to-eat foods?	YES	NO
	Your food establishment must have a policy to exclude or restrict food workers who are ill with symptoms compatible with foodborne illness (vomiting, diarrhea, nausea, stomach cramps, high fever, jaundice) or have infected cuts and lesions. Describe your policy to restrict food workers with these symptoms: _____ _____ _____		

	<p>Class III and IV food establishments are required to have a Qualified Food Operator (QFO) employed in a full-time, supervisory position at the establishment. It is recommended that Class I and Class II food operators consider becoming QFOs as well.</p> <p>List the name(s) of the QFO(s): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>Identify the Alternate QFO(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>Describe the training that the QFO will provide to the food workers and how written records of training will be maintained:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

FINISH SCHEDULE

Applicants must indicate the materials (i.e., quarry tile, stainless steel, 6" plastic cove molding, etc.) to be used in each area listed below.

AREA	FLOOR	BASE (FLOOR/WALL JUNCTURE)	WALLS	CEILING
Kitchen/ Cooking Area				
Bar				
Food Storage				
Other Storage				

Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Area				
Basement:				
Other:				
Other:				
Other:				
Other:				

Identify the finishes of the counters, cabinets, storage shelves, tables, etc.:_____

Utility service lines and pipes shall not be unnecessarily exposed along walls and floors.
PLUMBING: Horizontal utility service lines and pipes shall not be installed on the floor.

Applicants must identify the type of plumbing connections that will be used on the drains for the fixtures listed below.

	INDIRECT WASTE			FIXTURES WITH DIRECT WASTE CONNECTIONS
Plumbing Fixture	Floor Sink	Floor Drain	Other	
Dishwasher				
Ice machine				
Ice storage bins				
Food prep sinks				

Utensil/pot wash sinks				
Steam tables				
Dipper wells				
Refrigeration				
Potato peeler				
Other:				
Other:				
Other:				

If floor drains are not shown on plans, please indicate locations:

Applicants must identify the type of backflow prevention to be used for the water supply to each plumbing fixture listed below:

Plumbing Fixture	Backflow Prevention Device	Air Gap
Hose Connections		
Soda Carbonation System		
Chemical Dilution System		
Water Supply for Garbage Grinders		
Water Fill for Soda Guns		
Dipper wells		
Other:		
Other:		

DISHWASHING FACILITIES

A three-compartment sink shall be provided and used whenever washing, rinsing, and sanitization of equipment and utensils are conducted.

What size sink will be used for warewashing?	Number of Sinks	Size of sink compartments			Drainboard sizes			
		Length	Width	Depth	Right	Left		
Three compartment sink								
Four compartment sink								
	Does the largest pot, pan, utensil, or container fit into each compartment of the three-compartment sink?				YES	NO		
	What type of sanitizer will be used?							
	Chlorine _____	Quaternary Ammonium _____		Iodine _____				
	Hot water _____	Other: _____		Other: _____				
	Identify the Manufacturer, Make, and Model of the Mechanical Dishwasher if one will be used: _____				N/A			
	Type of sanitization used: _____							
	Chemical type: _____		Test Kits: _____					
	Hot water (180°F-194°F): _____		Identify the capacity of the booster heater: _____					
	Will ventilation be provided over the dishwasher?				YES	NO		
	All dish machines must have templates with operating instructions. All dish machines must have accurate temperature and pressure gauges.							
	Will thermometers, test papers and/or test kits be available for checking sanitizer concentrations at the three-compartment sink and dishwasher?				YES	NO		
	Is appropriate air drying space available for the air drying of all washed utensils with the use of drainboards, wall or overhead shelves, stationary or portable racks?				YES	NO		

	Please describe the type and location of the air drying space for the cleaned items: _____ _____ _____							
	Provide the total square footage of shelf space dedicated to air drying _____ sq. ft.							
WATER SUPPLY								
	Please identify which type of water supply will be provided.	Well Water				Public Water		
		YES		NO		YES		NO
	If the water supply is from a well water source, is it registered and approved as a transient, non-community water supply?					YES	NO	PENDING
	If YES – Please attach copy of written approval and/or permit.							
	Will ice be made on premises or purchased commercially? Please specify: _____							
	Describe provision for ice scoop storage: _____ _____ _____							
	Identify the location and capacity of the hot water heater. (See worksheet at the end of this application.) _____ _____							
INSECT AND RODENT CONTROL								
APPLICANT: Please check appropriated boxes.						YES	NO	N/A
	Will all outside doors be self-closing and have rodent proof flashing/weather stripping?							
	How will fly protection be provided on all outside entrances?							
	Screen Doors							
	Air Curtain							
	Other: _____							

	Identify the type of fly protection that will be provided on all openable windows.	YES	NO	N/A
	Minimum #16 mesh screening?			
	Air Curtains			
	Self-Closing Devices			
	Will all pipe penetrations, beverage chases & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?			
GARBAGE AND REFUSE				
Inside				
	Will all garbage containers have lids?	YES	NO	N/A
	Will refuse be stored inside? If so, where?	YES	NO	N/A
Outside				
	Will the area around premises be maintained clear of unnecessary brush, litter, boxes and other vermin harborage?	YES	NO	N/A
	Will a dumpster be used?	YES	NO	N/A
	Number _____	Size _____	Frequency of pickup _____	
	Where will the dumpster be located? _____			
	Identify the Waste Hauler that will be used: _____			
	Will the dumpster be cleaned on site?	YES	NO	
If the dumpster is cleaned on site, the wastewater from the cleaning operation must discharge to the sanitary sewer system.				
	Will the dumpster be cleaned by an off-site contracted cleaning service?	YES	NO	
	If YES, please provide name and address of the firm contracted for this service. _____ _____ _____			
	Will a compactor be used?	YES	NO	N/A

	Number _____ Size _____ Frequency of pickup _____ Contractor : _____		
	Where will the compactor be located? _____		
	Will the compactor be cleaned on site?	YES	NO
			N/A
	If the compactor is cleaned on site, the wastewater from the cleaning operation must discharge to the sanitary sewer system.		
	Will the compactor be cleaned by an off-site contracted cleaning service?	YES	NO
	If YES, please provide the name and address of the firm contracted for this service. _____ _____		
	Describe the surface and location where the dumpster/compactor/barrels will be stored: _____ _____		
	Will trash barrels be stored outside?	YES	NO
	If YES, please describe their locations: _____ _____		
	Specify the type and location of cooking grease waste storage receptacles: _____ _____		
	Will there be an area to store recycled containers? Describe: _____ _____	YES	NO
			N/A
	Identify the location(s) and size(s) of the grease trap(s): _____ _____ _____		

MOP CLEANING FACILITIES

	Will a separate mop basin be provided?	YES	NO
	If YES, please describe the facility for cleaning mops and other maintenance equipment: <hr/> <hr/>		

HANDWASHING/TOILET FACILITIES

	Will there be handwashing sinks in the food preparation, food dispensing, and warewashing areas?	YES	NO
	Will all handwashing sinks have mixing valves or combination faucets?	YES	NO
	Will self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactive the faucet?	YES	NO
	Will soap dispensers be available at all handwashing sinks?	YES	NO
	Will hand drying facilities (paper towels, air blower, etc.) and waste receptacles be available at all handwashing sinks and in each restroom?	YES	NO
	Will toilet rooms have openable, screened windows or mechanical exhaust systems for ventilation?	YES	NO
	Will all toilet room doors be self-closing?	YES	NO

SEWAGE DISPOSAL

	Will the building be connected to a municipal sewer?	YES	NO
	If NO, is the private disposal system approved? If YES – Please attach a copy of the written approval and/or permit.	YES	NO
			PENDING

DRESSING ROOMS

	Will separate dressing rooms be provided?	YES	NO	N/A

	Describe the storage facilities for employees' personal belongings (i.e., purses, coats, boots, umbrellas, etc.). _____ _____		
CHEMICAL STORAGE			
	Will all cleaning materials and toxic items be stored away from food preparation and storage areas?	YES	NO
	Will insecticides/rodenticides (if used) be stored separately from cleaning and sanitizing agents?	YES	NO
	Please describe the location of all toxic item storage—including areas in the food preparation areas where “in-use” chemicals will be stored: _____ _____ _____		
	Will all containers of toxic/cleaning material, including sanitizing spray bottles, be clearly labeled?	YES	NO
OTHER			
	Will a laundry washer and dryer be available on the premises?	YES	NO
	If YES, what items will be laundered? _____ _____		
	If YES, please identify their locations and time of day they will be used: _____ _____		
	Identify the location of dirty linen storage: _____ _____		
	Will there be a basement space available for this food establishment?	YES	NO

	<p>If YES, what activities (food preparation, storage, etc.) will take place in the basement?</p> <hr/> <hr/> <hr/>
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STATEMENT: I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior approval from the West Hartford-Bloomfield Health District is prohibited.

Signature(s) _____

Owner(s) or Responsible Representative(s)

Date: _____

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Approval of these plans and specifications by the West Hartford-Bloomfield Health District does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). **(A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments).**

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Hot Water Heater Size and Capacity

HOT WATER HEATER CALCULATION WORKSHEET

EQUIPMENT	QUANTITY	TIMES	SIZE	EQUALS	GPH
			(in inches)		
One-comp. sink See note #4		X	__by__by__	=	
Two-comp. sink See note #4		X	__by__by__	=	
Three-comp. sink See note #4		X	__ by__by __	=	
Four-comp. sink See note #4		X	__by__by__	=	
One-comp. Prep sink		X	5 GPH	=	
Two-comp. Prep sink		X	10 GPH	=	
Three-comp. Prep sink		X	15 GPH	=	
Three-comp. bar sink See note #4		X	__by__by__	=	
Four comp. bar sink		X	__ by __by__	=	
Hand sink		X	5 GPH	=	
Pre-rinse		X	45 GPH	=	
Can wash		X	10 GPH	=	
Mop sink		X	5 GPH	=	
**Dishmachine		X	Note #1	=	
**Cloth Washer		X	Note #2	=	
**Hose reels		X	Note #3	=	
Other equipment		X		=	
Other equipment		X		=	
Other equipment		X		=	
Total 140°F GPH(gallons per hour) Recovery Requirements				Total =>	
Note - 140°F Hot water heaters are to be sized at the 140°F GPH recovery required at a temperature rise of 100°F.					

Note #1	Dishwasher (_____gals/hr. FINAL RINSE x 70%)
Note #2	<p>Cloth Washer Calculation</p> <p>A. Limited Use/Cloth washer used one to two times per day; beginning or ending of day Operation GPH = 60 GPH x 25%.</p> <p>B. Intermediate Use/Cloth washer used three to four times per day; GPH = 60 GPH x 45%.</p> <p>C. Heavy Use/Cloth washer used once every two hours; GPH = 60 GPH x 80%.</p> <p>D. Continuous Use/Cloth washer used every hour; GPH = 60 x 100%.</p>
Note #3	Hose reels @ 20 GPH for first reel & 10 GPH for each additional reel.
Note #4 – GPH Requirements for sink	GPH = <u>(Sink size in cu. in. x 7.5 gal./cu.ft. x # compartments x .75 capacity)</u> <u>(1,728 cu.in/cu.ft.)</u>
Short version for above	<p>GPH = Sink size in cu. in. x # compartments x .003255/cu. in.</p> <p>Example – 24”x24”x14” x 3 compartments x .003255 = 79 GPH</p>
Water heater storage capacity. (_____ Gallons Storage)	
Water heater recovery rate in gallons per hour at a 100°F temperature rise. (_____ Gallons per hour)	